CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
18884

(1) PLACE OF BIRTH
County of Greenville
Township of Highland
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2211 Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child Milton Edwards [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL: [illegible]
(4) Twin or Triplet? To be answered only in event of Twins or Triplets:
(5) Number in order of birth:
(6) Are Parents Married? yes
(7) DATE OF BIRTH: June 21 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME: Luther Edwards
(9) PRESENT POSTOFFICE OF FATHER: Greer #2
(10) COLOR OR RACE: White. (11) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Elmer Crompton
(15) PRESENT POSTOFFICE OF MOTHER: Greer #2
(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 17 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: House wife
(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:25 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) T. E. Monroe
(24) State whether Physician or Midwife: Dr
(25) Address of Physician or Midwife: Greenville

Given name added from a supplemental report

..... 19....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 23, 1922 (28) S. J. Wilson
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

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